The best laid plans? Obstacles to the implementation of plans for children

Gareth Roach and Robert Sanders describe a study of the obstacles to the implementation of plans for children in a South Wales local authority. The files of 20 children, selected sequentially, were examined using a content analysis methodology. Ten were children in need of protection living at home with their families and ten were looked after children. Information was extracted from child protection plans, core group meetings, care plans and care plan reviews, along with important contextual information. Implementation was assessed by identifying and monitoring the progress of delayed tasks through the different stages of the child’s planning and reviewing process. This provided a detailed understanding of the decision-making processes and the reason(s) for tasks becoming delayed. The results indicated that most cases experienced some delay. The main obstacles to plan implementation centred on the quality of the plans and reviews, a lack of interagency co-ordination in the provision of external services and the non-compliance of parents and carers. To address these problems and reduce the likelihood of delay, the authors suggest that social workers should incorporate micro-planning techniques into practice, attempt to engage parents and carers fully, and improve recording procedures.

Introduction
Planning is fundamental to ensure the delivery of positive outcomes for children in need and their families, whether looked after or not. Failures in planning can have serious consequences, not just in terms of poor emotional, social, education and health outcomes, but in terms of continued neglect and abuse and, in rare cases, even the death of a child.

The current planning and reviewing system was born out of system failures identified in the 1970s with the tragic death of Maria Colwell and Rowe and Lambert’s (1973) seminal study, which identified significant numbers of children who remained in care without the likelihood of a planned return home or permanent substitute placement. This led to the introduction of a number of procedures such as case conferences (and later ‘child protection’ conferences), case reviews (later ‘Part 8’ and then ‘Serious Case’ reviews), the Child Protection Register, core groups (Department of Health and Social Security, 1988) and Local Safeguarding Children Boards (previously Area Child Protection Committees). In relation to looked after children, Bryer (1988) attempted to put planning for looked after children on a much more structured basis, immediately prior to the implementation of the Children Act 1989.

These developments have been accelerated in recent years with the introduction of the Assessment Framework (Department of Health et al, 2000), the Integrated Children’s System (ICS), Quality Protects (Children First in Wales), the looked after children (LAC) framework, Every Child Matters (HM Government, 2003), the Children Act 2004 and the Common Assessment Framework (Department for Education and Skills, 2004). All these developments have led to a more rigorous and robust planning and reviewing framework. However, despite these changes, the planning system is still prone to delay (Beckett and McKeigue, 2003).

The literature in this important field is surprisingly sparse, with studies either examining child protection plan implementation (Farmer, 1999) or the fulfilment of care plan placements (Rowe et al, 1989; Hunt and Macleod, 1999; Harwin and Owen, 2003). This article attempts to provide a new insight into the topic by including within the same study both looked after children and child protection children who are not looked after. This should provide the opportunity to examine the similarities and differences between the respective planning frameworks. Moreover, the timing of the study allows recent developments to be reflected.

Gareth Roach is an independent researcher

Robert Sanders is Senior Lecturer, School of Human Sciences, Swansea University

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framework changes to be examined, most notably the greater use of core groups within child protection cases (Calder and Barratt, 1997; Mittler, 1997; Kirk and Wiener, 1999; Harlow, 2004).

As the focus of the study is on planning and reviewing frameworks through the use of local authority files, it seemed appropriate to follow a content analysis approach (sometimes referred to as documentary analysis). This approach lends itself to the analysis of documents and texts as it seeks to quantify content in terms of predetermined categories and in a systematic and replicable manner. Similar studies in this field (see above studies) have also utilised the approach. However, the researchers were aware that it ‘has an in-built tendency to dislocate the units and their meaning from the context in which they were made, and even the intentions of the writer’ (Denscombe, 2000, p 169). In an attempt to mitigate this problem, additional case information was gathered. This further information ensured that the context in which decisions were taken was fully understood and that meaning and context did not become disconnected. However, this meant that only a small number of cases could be properly analysed and included within the study.

The study
The study was conducted on 20 social services child welfare cases in a South Wales local authority: ten children who had their names placed on the Child Protection Register and ten children who were looked after by the local authority. All the cases had been closed at the time of the study. Every plan and review for each case were examined in chronological order. In addition, where applicable, supplementary information supplied by police, medical authorities, probation and child and adolescent mental health services (CAMHS) was also examined.

To select the cases, slightly different criteria were used for each of the two sub-samples to reflect the two different frameworks under which they operated. The ten children who were not looked after but for whom there were child protection concerns were selected in accordance with the following criteria:

- the child was the oldest child in the family to have their name placed on the Child Protection Register;
- the child was from the most recent ten families where the children were deregistered before 1 March 2005; and
- the child’s name had been on the Register for at least 12 months.

The ten looked after children were selected on the basis of the following criteria:

- the child was the oldest in the family among the children who were being looked after;
- the period of being looked after began after 1 March 2001; and
- the period of being looked after had lasted for at least nine months.

For the sake of shorthand, these will be referred to as the ‘child protection’ and ‘looked after’ samples, although this is not to imply that looked after children do not have child protection concerns. These criteria were chosen for good reason. The researchers wanted to include: views of the children involved in the case, the likelihood of which increased with age (hence the selection of the eldest child); recent cases (hence the sampling time period); and cases which were long enough in duration to have allowed a plan to have sufficiently developed (hence the minimum case duration). The slight differences between the two sub-samples in terms of the sampling time period and the minimum case duration reflect differences in availability of cases and the different procedural requirements of the frameworks.

With regard to the characteristics of the samples, of those children whose names were on the Child Protection Register, five were male and five were
female with a mean age of five years and two months. The average length of time on the Register varied from 12 months to over 39 months, with an average of just over 20 months. In the looked after cases, six were male and four were female, with a mean age of six years and ten months. For the children subject to legal proceedings, the time between admission and a final decision being reached varied from seven to 15 months, with an average of just under 11 months.

In addition, in order to better understand the problems experienced by the families, it is useful to examine the initial reason for their involvement with the local authority, ie the child protection registration category and looked after status. The reasons for child protection registration included: neglect (n = 6), sexual abuse (n = 1), emotional abuse (n = 1), physical abuse (n = 1), neglect and physical abuse (n = 1). The looked after statuses included: voluntary care – section 20 (n = 4), interim care order – section 38 (n = 5), unspecified (n = 1).

The measures
Two separate content analysis schedules were developed for each group studied: the looked after children and the children not looked after but needing protection. Both schedules attempted to capture the information contained in the plan and review forms used by the local authority. The similarity between the local authority forms and schedules facilitated a simple coding process whereby information in one category of the plan/review form was transferred to the corresponding category in the schedule. The emphasis on manifest content rather than latent content improved the reliability of the study as it limited a major source of possible bias resulting from the researchers’ own interpretations.

The two schedules gathered information on the following categories: family circumstances, parental/carer/child agreement, key worker, placements (looked after only) and contingency plans. These categories were chosen as they provide a context to decision-making and (some) have proven to contribute or cause delay in plan implementation (Beckett and McKeigue, 2003; Harwin and Owen, 2003). However, at the heart of both schedules was the capture of information relating to tasks and task completion. The importance of tasks within both schedules is a reflection of how the task-centred approach, which was developed in the 1970s (Reid and Epstein, 1972, 1977; Reid, 1978), now dominates social work thinking and practice. The reason for its dominance is simple: its focus on specific objectives was found to be more effective than long-term engagement around unfocused work with diffuse and unspecified objectives (as might, for example, have been the case in long-term psychoanalytically orientated social work). Tasks have therefore become the embodiment of decision-making and reflect the actions needed to deliver outcomes – they are the means by which plans are implemented. The crucial role played by tasks

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1 Some children are looked after by the local authority by agreement with, or at the request of, their parents, perhaps because of problems within the family which are making it hard for them to cope. Under section 20 of the Children Act, it is the duty of all local authorities to make accommodation available for such children in need. Children may be accommodated (in residential or foster care) for a short or longer period. No court proceedings are involved and the parents retain full parental responsibility.

2 Under section 38 of the Children Act 1989, a court has the power to make an interim care order. An interim care order places the child in the care of the local authority on an interim basis while the family is assessed and until the court can make a final decision. The first time an interim care order is made it can last for eight weeks and it can be renewed after that for up to 28 days at a time.

3 These are plans which are in place for all children that can be activated in the event of the original plan not being implemented or the placement breaking down. It is different from either twin-track/parallel planning and concurrent planning.
can often mean that task delay can result in plan delay.

The tasks themselves are usually specified by the key worker, although sometimes in conjunction with partner agencies, to implement a plan. We defined a task as ‘a specific piece of work required to be done . . . usually takes the form of what will be done, by whom, and by when’. In this sense, they are micro-objectives of the planning process. A task can include interventions such as service provision and assessments. Specific examples from the cases included: undertaking a child health assessment, the referral of a child to a family centre to improve his speech, the arrangement of contact between a child and her mother, and an assessment into the suitability of a child’s carers.

Each task was monitored throughout its lifetime, ie at each stage of the planning process, namely plan, re-plan (a plan which has been revised) or review. In particular, importance was placed on whether the task was completed on time. Any relevant contextual information was also noted at this point. The schedule was designed to capture straightforward tasks (eg ‘child to be taken to baby clinic’) and repeated tasks and complex tasks which might have incorporated a number of actions by various professionals (eg child’s health assessment and tasks that needed supplementary action).

Findings

A quantitative analysis was conducted on each file and their associated plans and reviews. This provided a number of important findings.

As might be expected (or at least hoped for), the majority of tasks were completed as specified. However, there were examples of delay in both the children protection and looked after children cases. Table 1 sets out the total number of tasks, the number of delayed tasks and the total length of the delay for each case.

A delay occurred in eight out of the ten looked after children cases and in nine out of ten of the child protection cases. In total, 21 tasks (20% of all tasks) were delayed for both the child protection children and the looked after children.

Core assessments were delayed in a majority of the cases (80%, n = 16) beyond the statutory time limit of 35 working days, with the length of the delay varying between a slight delay to those that were still in process at the time of writing.

Table 1

<table>
<thead>
<tr>
<th>Case</th>
<th>Total tasks</th>
<th>Delayed task(s)</th>
<th>Total delays (in months)</th>
<th>Child protection cases</th>
<th>Looked after cases</th>
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<td>Mean</td>
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completion of the file study. Other main areas of task delay (for all cases) centred on assessments (n = 11): care assessments (n = 3), health assessments (n = 3), risk assessment (n = 1), action and assessment records (n = 3) and mother’s lifestyle assessment (n = 1). These assessments, in many cases, were conducted with the assistance of external agencies. Other delays were specific either to the looked after group or to the children whose names were on the Child Protection Register. For looked after children, a common area of delay involved contact arrangements with close family members (n = 5). For child protection cases, the most common delayed tasks involved referrals to external agencies, such as a local drug and alcohol counselling service (n = 5), the community mental health team (n = 2), a local generic counselling service (n = 1) and a counselling service for sexual abuse survivors and rape victims (n = 1).

Besides delay there were other important findings. Contingency plans were only present in 30 per cent of all case plans: 18 per cent of child protection cases and 43 per cent of looked after cases. However, even where contingency plans were present they often lacked sufficient detail to be clear about what was intended. There was also a high level of social work turnover, with an average of 2.25 workers per case.

We used the information gathered to identify the main reasons why tasks in the plan(s) and review(s) had not been completed as specified (other than reasons beyond the control of the key worker and professionals involved with a particular case). The researchers would have also liked to examine the consequence of delay on the families and children concerned; however, this was practically impossible due to the limited nature of the study. The three main reasons for task delay were as follows.

**Quality of plans and reviews**
An important reason for delay can be found in the quality of the plans, reviews, and in particular, their associated tasks. The study found that the wording of delayed tasks was more likely to be vague and lacking specificity than for non-delayed tasks. This vagueness often extended to a task’s timescale and to the person responsible for carrying it out. Several good examples of vague tasks were extracted from the case files and can be seen below:

- completion of core assessment to include father if involved with family;
- referral to the local drug and alcohol counselling service for relapse prevention;
- follow-up recommendations made by CAMHS team;
- assessment and action records to be completed;
- all assessments to be concluded.

The tasks could have been given more clarity simply by listing the assessments, recommendations and records that needed to be completed or followed up. For example, which part of the assessment and action records, eg health, education, family and social relationships, etc, was still to be completed and what measures were in place to ensure that they were completed on time?

A consequence of this vagueness is that it limits proper and well thought-out decision-making. How can review meetings properly scrutinise existing decisions and make any new ones when participants do not have the full information available? Moreover, it inadvertently places a great deal of discretion and control in the hands of the key worker, raising the possibility (although no examples were found in this study) of a ‘no conflict’ norm (Corby, 1987) developing, whereby review meeting participants become reluctant (or unable) to question decisions.

A further cause of delay centred on task formulation and the decision-making processes involved. Some tasks
failed to consider properly the wide range of possible factors (for example, personal factors such as those inside the worker, inside the child and inside the parents; interpersonal factors such as those within groups and relationships; and contextual factors such as the wider organisational, social, and political environment). All of these factors could affect task completion. This resulted in inadequate tasks which had a greater propensity to become or remain delayed. Indeed, the study found that even once delay had occurred and the inadequacies of a task had become evident, the task would be repeated without due consideration to the reasons for the delay. This was a phenomenon which affected a wide range of different types of task.

A good instance of this is the case of a 14-year-old girl who was removed from the care of her mother and placed with her maternal aunt. The child’s behaviour was deemed as a contributory factor to the breakdown in the relationship as well as inhibiting her educational attainment. To improve her behavioural problems, the task of addressing her long-standing dietary problem was given priority. To this end, a health assessment was organised. However, the child failed to attend the first session. The placement then broke down due to allegations of inappropriate behaviour between the child and the aunt’s new partner. The decision was then made to place the child in foster care with strangers. The child failed to attend the next health assessment session but did eventually begin the assessments some three months later than originally planned.

The important point here is that the task was characterised by a general lack of consideration to the threats to completion, such as the child’s psychological difficulties or her personal circumstances. At both the review meeting which adopted the task and the two subsequent meetings which intersected the delay, questions should have been asked about the appropriateness of the task and the steps required, bearing in mind the threats identified, to ensure task completion.

**Lack of interagency co-ordination**

There appeared to be a lack of inter-agency co-ordination and services were often recommended that were unavailable in practice. This was a problem affecting 24 per cent of all delayed tasks and especially those involving referral to local counselling services (both generic and for specific difficulties such as sexual abuse victimisation or drug and alcohol problems) or to the local community mental health team. The consequence of such delays on plan implementation is difficult to discern. Needless to say, counselling is a service where a timely response is required and avoidable delay should be minimised lest the difficulties worsen during the delay.

The example below highlights a typical task delay from one of the child protection cases.

This delayed task involved the mother’s referral to the local counselling service for sexual abuse survivors and rape victims. Clearly, the mother had difficult psychological problems which the key worker wanted to address. The referral was made at the initial plan and was to be completed by the next review. However, this was not completed and the key worker’s notes indicate the need to ‘chase up appointment with the agency’. A new plan was then devised which retained this task, again to be completed by the following review. However, no appointment was forthcoming. At this point, the key worker, frustrated by the progress of the task, decided to arrange (successfully) counselling with the local drug and alcohol counselling service worker instead. The length of delay was over three months from the time of referral to the provision of a counselling service.
Non-compliance of parents or carers

There also appeared a number of delayed tasks, in both samples, that were directly attributable to the non-compliance of parents or carers, eg missed medical appointments, failure to attend counselling sessions, a lack of co-operation with a lifestyle assessment and disengagement from a drug detoxification programme. A particular problem for looked after children was the delay in the organisation of contact arrangements. This was surprising, especially as a majority of parents (mainly mothers) attended plan and review meetings and, in general, indicated agreement with decisions reached. An example of a delayed task attributable to the non-compliance of parents is as follows.

The core assessment was the delayed task in this case. The plan called for the task to be completed, with the help of a variety of agencies, in about six weeks. At the first review, the task appeared to be progressing well although it was noted that the ‘core group must be aware of the possibility of closure or disengagement’. No contingency plan was specified. Delay did subsequently occur and the core assessment was not completed as specified. A further plan was then required as the mother became increasingly unco-operative. In the notes the key worker stated, ‘the mother says she wants to co-operate but this is not reflected in her actions’. By the next review, a month later, the mother had been imprisoned for a short period of time which further delayed the completion of the task. However, even after her release further delay ensued. The core assessment was eventually completed some 12 months after the start of the case.

This parental behaviour of agreeing to decisions and agreeing to undertake actions but having no intention of carrying them out is described by Reder et al (1993) as ‘disguised compliance’. While the evidence was not conclusive, it is none the less suggestive that similar processes may be operating in some of the cases in this study. Such disguised compliance can act as a barrier to achieving plans that may overtly seem to be made in partnership with parents but which, in reality, may not reflect a true spirit of partnership working.

So, why do some parents indulge in such behaviour? One possible explanation might be that, despite attendance and agreement at meetings (as noted earlier), there is a lack of meaningful engagement. Attendance is not the same as participation and parents might not feel part of the decision-making process. Meaningful engagement and partnership working with parents are important to meet not only statutory obligations but also the needs of the child (Millham et al, 1986; Packman et al, 1986; Thoburn et al, 1995). When meaningful engagement fails to occur, as appeared to be the case with the contact arrangements for looked after children, not only is the local authority failing to meet its statutory obligation to ensure reasonable contact with parents, guardians and those who hold a residence order (Children Act 1989, section 34(1)) but it also reduces the likelihood of reunification (Millham et al, 1986; Department of Health, 1991).

Discussion

Three themes emerged as significant from the research study: the engagement of parents, the role of micro-planning, and recording.

Meaningful engagement of parents

As just explained, a major barrier to the successful plan implementation was that of parents’ disguised compliance, wherein parents or carers agree, in principle, with the plan(s) and review(s) but this is not translated into practice. To ensure the development and implementation of a robust, realistic plan it is important to ensure that parents are fully engaged. There could be a number of possible reasons for ‘non-compliance’. It may be that the parents were only superficially engaged with
plans and review meetings were not providing the platform from which they felt able to express themselves. Moreover, any delayed tasks may in themselves, however menial, sour the relationship especially where the blame for the delay is perceived to rest with the key worker.

The goal must be to ensure that the right framework is in place under which parents are able to fully engage. Even the use of core groups, which were established to increase parental participation, failed to engage parents in a real and meaningful way. This raises the issue of how key workers can work to achieve a level of real and meaningful engagement with parents where children are at risk of abuse and neglect. More innovative ways may be needed to support parents so that they feel sufficiently comfortable and confident to express their views. Grimshaw and Sinclair (1997) found evidence to suggest that the sensitive use of consultation forms prior to care plan meetings allowed both parents and children to express their opinions on the subsequent agenda items. This, they believed, encouraged a more faithful and comprehensive presentation of individual opinions. The greater use of consultation forms in looked after cases and their extension to child protection cases living at home may be a welcome development. Social workers should then assess, on a regular basis, the level of real engagement of parents. Learning that parents are not really engaged when they fail to follow through may be too late and will certainly contribute to delay.

The role of micro-planning techniques by social workers
We use the term ‘microplanning’ to refer to the more detailed focus on the processes through which the intentions behind plans, tasks and actions are actually put into effect. This study highlighted a number of examples where the decision-making process could be improved. One specific solution might be to adopt the work of Gawlinski and Graessle (1988). They draw on the work of Kurt Lewin’s Field Theory (1951) to provide a model (Forcefield Analysis), the use of which can aid practitioners to identify at various levels (personal, interpersonal and organisational/ contextual) those factors that will help to achieve one’s objectives and those that will hinder. The authors note that ‘you need to concentrate not only on strengthening the positive factors but also on weakening the negative ones’ (p 63).

This should be seen as a process rather than an event, undertaken from plan inception to plan completion. It would result in key workers incorporating a wide range of additional factors into the decision-making process. In practical terms it would translate into the key worker taking into greater account obstacles such as the availability of an external service or a change in family circumstances – both obstacles identified in this study. The consequence should be more rigorous and robust plans, reviews and tasks with, therefore, less likelihood of delays.

A model adapted from Gawlinski and Graessle (1988) is portrayed in Figure 1.

Robust and rigorous recording procedures
The findings from this study also highlight that improved recording procedures in the planning process need to be in place to reduce the likelihood of delay. The current recording systems, in the form of Looked after Children and Child Protection schedules are adequate but key workers need to adhere to them.

A major development that should improve recording procedures is the new electronic recording system, a fundamental element of the integrated children’s system. Under the new system, social workers should find it easier to monitor (eg screen alerts for tasks which are due or overdue), access and retrieve information. Nevertheless, the social worker must still ensure that records are accurate, up-to-date and comprehensive. Properly completed records should aid the social worker’s ability to conceptualise a situation and
develop appropriate strategies to ensure plan implementation. This should reduce the likelihood of delay. To this end, key workers must be made aware of the importance of properly completed records, especially in an environment of high staff turnover.

For managers, the system should make it easier to locate and retrieve records, thereby improving their ability to monitor plans. However, an electronic system is not the panacea to planning delay. Managers will still need to monitor cases and their associated tasks. Indeed, the greater amount of information readily available to line managers might result in ‘information overload’, so social services departments may have to consider adopting techniques such as random case checks or a regular audit.

**Conclusion**

The study highlighted that delay is still prevalent in plans for children in need. However, this must be placed in the context that the majority of plans and their associated tasks were not delayed. There were three main reasons or obstacles resulting in delay. The first was the quality of the plans and reviews – both in terms of the vague wording of tasks within the plans and reviews and the repetition of delayed tasks without due consideration as to the reasons for the delay. The second was the non-compliance of parents and carers. This was a surprising finding, especially as most decisions were agreed by the parents at plan and review meetings. The third obstacle was the lack of inter-agency co-ordination in the provision of

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**Figure 1**

*Forcefield Analysis and planning for children*

<table>
<thead>
<tr>
<th>The present situation</th>
<th>The intended situation (the plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forces supporting</strong></td>
<td><strong>Forces restraining or blocking</strong></td>
</tr>
<tr>
<td>I value the importance of family links when a child is looked after</td>
<td>Inside me</td>
</tr>
<tr>
<td>The child has a conspicuously positive relationship with the paternal grandparent</td>
<td>Inside the child</td>
</tr>
<tr>
<td>The child’s mother recognises that the child benefits from seeing his grandmother</td>
<td>Inside the parents (mother)</td>
</tr>
<tr>
<td>The paternal grandmother would very much like to have contact with her grandchild</td>
<td>Inside groups and relationships</td>
</tr>
<tr>
<td>The policy context of the agency states that children’s links with ‘significant others’ shall be maintained when looked after</td>
<td>In my organisational, social, political environment</td>
</tr>
</tbody>
</table>

* A hypothetical case adapted to the framework of Gawlinski and Graessle (1988)
external services. These obstacles did not operate in a vacuum but were interlinked. For instance, the vagueness of information in planning documentation might inhibit proper and meaningful parental engagement in decision-making, thereby increasing the likelihood of non-compliance.

To address these obstacles a number of remedies have been suggested. Key workers should embrace micro-planning techniques to improve the decision-making process. One such technique, by Gawlinski and Graessle (1988), was described. Engaging parents in a meaningful way might require more innovative methods such as consultation forms. Finally, robust and rigorous recording procedures need to be in place. The new electronic recording system (part of the integrated children’s system) is seen as a step forward but on its own will not necessarily deliver the accurate, up-to-date and comprehensive records that are needed.

It must be emphasised that even in the best laid plans delays will occur; the complexity of family life means that a family’s situation can change suddenly, rendering plans and their associated tasks obsolete. However, that does not mean that systems and procedures should not be in place and, more importantly, utilised to mitigate such problems.

But Mousie, thou are no thy-lane,
In proving foresight may be vain:
The best laid schemes o’ Mice an’ Men,
Gang aft agley,
An’ lea’e us nought but grief an’ pain,
For promis’d joy!
From ‘To A Mouse’ by Robert Burns (1759–1796)

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